Ageist Language in Psychological Research

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Ageism can affect the use of language in all phases of empirical research and psychological practice. Potential problems in the use of ageist language are identified, and recommendations are provided for alternative language uses for (a) description of the research topic, (b) language used in describing study designs, (c) descriptions of methodology and choice of participants, and (d) language used in the analysis and interpretation of research findings. The focus of this article is on research and practice with older persons; however, many of the recommendations apply equally to language used with respect to age at any point in the life span.

Psychologists are products of the society in which they live and work. As with other forms of bias, ageism is inherent in many aspects of our society and can influence one’s perceptions and assumptions in subtle and overt ways. In this article, the term ageism refers to the influence of age bias on the use of language in the formulation of psychological theory and the formulation, description, and interpretation of findings in empirical inquiry.

Ageism is an important issue in contemporary psychology for at least three major reasons: First, the growth in the elderly population has focused a great deal of research attention on this group. Second, the increased interest and funding in this area has brought in a number of researchers with little previous experience in research on human aging, whose language behavior may be unduly influenced by societal stereotypes rather than by the relevant psychological literature. Third, psychological research is being used more often in developing public policy in general, including the topic of aging and age-related matters.

Ageism may be defined as a form of culturally based age bias that involves (a) restrictiveness of behavior or opportunities, negative attitudes based on age, age-based stereotyping, and distorted perception in the service of maintaining such stereotypes, positive or negative; (b) a cultural belief that age is a significant dimension by definition and that it defines a person’s social position, psychological characteristics, or individual experience; or (c) the untested assumption that data from one age group generalize to others, or conversely that age is always relevant to variables studied by psychologists. Ageism is not necessarily confined to older age groups; for example, it may include authoritarian parental or other stereotyped attitudes about youth. It may also reflect stereotypes that are linked with age (e.g., “the old are out of step with the times”; “the youth are going to the dogs”). Ageism may be manifested by psychologists in many ways, including (a) assumptions of restrictions on behavior due on age, (b) positive or negative stereotypes about the elderly, (c) belief that age is usually or always a relevant dimension to variables under study, and (d) the untested assumption that data from one age group generalize to others.

Ageism can affect the use of language in all phases of empirical research and psychological practice. These language guidelines have therefore been structured in terms of major themes in the conduct of social science research: (a) description of the research topic, (b) language used in describing study designs, (c) descriptions of methodology and choice of participants, and (d) language used in the analysis and interpretation of research findings.

For each topic, I will identify salient potential problems in the use of ageist language and will then offer recommendations for alternative language usage. The focus in this article is on research and practice with older persons; however, many of the points made here apply equally to language used with respect to age at any point in the life span.

Description of Research Topic

Problems

1. Focus of description of research topic on delineating a "problem of aging," rather than on building or extending an explanatory model. For example, the emphasis of the research description may be on the assumed unfavorable characteristics of an older population, rather than on describing the older target population as an appropriate exemplar for the investigation of well-known theoretical concepts in a particular population (e.g., coping with stress).

2. Reliance on biological models of decrement or decline. Because there are few theoretical frameworks for the study of aging, studies may rely on inappropriate or simplistic models. Traditionally, well-studied topics often involve stereotypic assumptions about older persons including decline, deterioration, dependency, or disability. Descriptions of research require suitable caveats regarding

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the possible positive effects of contextual and other compensating factors.

3. Neglect of research participants' health status. Descriptions of research in areas that tend to involve positive factors, such as growth or development, productivity, good functioning, coping, or adjusting to transitions, often ignore characterization of participants' health status. In aging individuals, the expression of positive behaviors may depend on whether they are free from or suffer from chronic disease or disabilities. Without indications of subjects' health status it is difficult to conclude whether favorable or unfavorable study findings would be due to the specified independent variables or due to health-related factors.

4. Age assumed to be the cause of differences or changes in behavior with little consideration of alternative explanations. A number of demographic and macrosocial factors covary with age, such as power, status, education, societal roles, and gender. Individuals' standing on such factors may often provide more plausible explanations of behavior differences or change than does chronological age.

5. Undue focus on elders as care needing, instead of care providing; the emphasis often on dependent aspects, ignoring sustaining aspects. Many of the very old are being cared for by their children, who themselves are elderly; elderly spouses are the prime caregivers of those with Alzheimer's disease or other forms of dementia. Many elders provide assistance to younger persons. This assistance may be of a financial type or by providing child care to working mothers and single parents. The reciprocal flow of intergenerational support is often unrecognized.

Recommendations

1. Recognize that older persons constitute a diverse population. Heterogeneity should be stressed and gender should always be considered. Ethnic differences, socioeconomic status, lifestyle, sexual orientation, and other dimensions should also be given due attention.

2. Recognize that ageism can apply to individuals at any age, not only to those who are old.

3. Consider a life span context in formulating the research topic. Indicate why the particular age studied is appropriate for the life span question investigated.

4. Carefully reference existing literature on older persons, and in reviewing previous studies evaluate their possible age bias.

5. Consider the impact of possible findings on public policy.

Design of the Study

Problems

1. Failure to distinguish between normal age changes and disease. The probability of disease-related behavior deficits increases with age, but age is not necessarily a causal factor for any specific behavior deficit.

2. Reliance on chronological age. Defining group differences solely by chronological age may be misleading. In cross-sectional studies chronological age is often a poor index of group differences in behavior.

3. Lack of attention to age-sex-culture interaction; failure to describe other relevant demographic dimensions in which age groups in the population may differ, for example, culture/ethnicity, sexual orientation. Life-course patterns in behavioral response may diverge at specific life stages that differ across gender and ethnic groups.

Recommendations

1. Examine the choice and definition of hypotheses. Is there a causal inference that involves age or aging? Is it influenced by age bias? For example, is there an assumption that senility is caused by aging or that marital satisfaction is caused by being married a long time?

2. Consider whether chronological age is the most relevant variable. Would classification by other variables, such as educational level, income, duration of marriage, retirement, duration of retirement, or generational membership, be more appropriate? For example, retired persons may be of varied ages, and many persons over age 65 may not be retired.

3. Document that the constructs used in a study retain the same meaning at different ages. For example, dependency and aggression may have different meaning at different ages. Acknowledge that use of measures of such constructs developed for younger adults may introduce bias into a study of elders.

Methods

Problems

1. Inadequate operational definition of the age variable. Describing sample characteristics by large age groupings (e.g., under/over age 65) is generally inappropriate. Samples designated as old can vary considerably from one another in age. Old may be anyone over 60 or 65, including subjects in their 80s or 90s. Combining all subjects above age 65, for example, assumes a unifying feature of the "old" group, for which there is no empirical support. Most research on adulthood shows that differences between those in their 60s and those in their 80s are far greater than those between 20- and 60-year-olds.

2. Inappropriate or offensive research instruments. A word-matrix item from one of the tests in the Educational Testing Service kit of factor-referenced tests, for example, reads as follows:

   "Youth/Beauty/Life :: Age/_____/Death."

The correct answer to this item would be "Ugliness," conveying an obvious ageist stereotype.

Recommendations

1. Instruments should be evaluated to ensure that they do not contain explicit or implicit age bias.
2. Avoid uncalled-for assumptions. It does not follow, for example, that older respondents, simply because of their age, would be more or less sensitive to questions about topics such as sexuality, death, bereavement, menopause, body image, or love.

3. Beware of experimenter bias about how questions are asked of various age groups. For example, questions regarding the nature of family interactions should include life-stage-appropriate definitions of the immediate family.

4. Check measures for inappropriate questions. For example, personality questionnaire scales should not include items that ask about behaviors for which opportunities are virtually unavailable at certain life stages.

5. Consider use of alternative definitions for chronological age, such as subjective age or functional age.

**Description of Data Analysis and Interpretation**

**Problems**

1. Confusing age differences with age changes. Age-group comparisons are often described as age-related "decline," even though there may be no evidence that the older group ever performed at the present level of the younger group. In the absence of independent verification of such baseline equivalence, longitudinal data are required to permit the inference of age-related decline.

2. Overlooking individual differences. Many psychological researchers fail to attend to the increasing range of individual differences with age and infer universal age decrement from average changes occasioned by the increasing proportion of individuals showing decline with age. For example, on memory tests, average scores may decline with age, but not all individuals show a decrement. In general, reports of small but reliable age changes often lead to the erroneous interpretation that age-related deficit is universal and characteristic of all members of the population under study.

3. Ignoring the magnitude of age change. When behavioral characteristics are assessed with scales that have good psychometric characteristics, it is quite likely that statistically reliable group differences will be found when comparing groups differing in any major status indicator. To know whether such differences are of sufficient magnitude to have implications (e.g., the prescription of interventions or the implementation of public policy changes), it becomes necessary to address the issue of effect size. Useful additional data are indications of the degree of overlap of the distributions for successive age groups.

4. Not reporting the absence of difference relevant to ageist stereotypes. If no difference is found, the inability of determining the significance of a null hypothesis may preclude its report. It may often be desirable to test for an "expected" age effect. Failure to find such an effect may have important policy consequences and hence deserves full publication.

5. Reporting age differences found accidentally (where age is included as a variable in the analysis without a clear rationale) as "findings." Such findings may alert the researcher to issues deserving further study in a planned manner. Only then can they be properly interpreted. (Similar problems often occur when gender is incidentally included in a study.)

**Recommendations**

1. Age-group differences should be characterized as such and not be labeled as decline. Often the term age/ cohort differences is to be preferred.

2. Age differences often can be explained by other variables and interactive effects; these should be discussed and ruled out before age is assumed to be the cause of differences in the dependent variable. In general, age should not be referred to as a "causal" variable.

3. In some instances it would be more desirable to use age as the dependent variable (i.e., it may be of interest to predict at what age a particular event may occur, conditional on other independent variables).

4. Consider the practical significance of an age difference, especially when the data are relevant to public policy or might result in recommendations leading to important changes in an individual's life situation.

5. Consider the impact of ageist assumptions and models applied to data analysis and interpretation. Formulate competing models that test for alternate interpretations. Do not enter age as the initial variable in stepwise regression analyses, and in path analyses treat age as a mediator describing unexplained variation rather than specifying age as a direct influence.

6. Use caution in generalizing results. Older persons are generally more, not less, diverse than younger populations. When "convenience" samples are used, state clearly the limitations of generalizability of the findings.

7. Beware of interpreting trends or marginally significant findings, especially when they either fit or contradict social stereotypes about aging and older persons.

8. Avoid value-laden language that implies negative characteristics for all study participants (e.g., the statement that "Group A is less deteriorated than Group B"). In socially significant and policy-relevant areas, such as productivity in employment, Alzheimer's disease, and memory loss, carefully review any press releases and try to guard against possible misinterpretations of the findings that might encourage premature interventions or denial of opportunities for those affected.